MINUTES

UTAH
DIRECT ENTRY MIDWIFE
ADMINISTRATIVE RULES ADVISORY
COMMITTEE

November 6, 2008

Room 475 – 4th Floor –3:00 p.m.
Heber Wells Building
Salt Lake City, UT 84111

CONVENED: 3:15 p.m. **ADJOURNED:** 5:20 p.m.

Bureau Manager: Laura Poe
Secretary: Shirlene Kimball

Conducting: Deborah Ellis, co-chair

Committee Members Present:
Holly Richardson, LDEM
Suzanne Smith, LDEM
Stephen Lamb, MD
Catherine Wheeler, MD
Deborah Ellis, CNM
Heather Johnston, LDEM

Guests:
Pam Udy, Int'l Cesarean Awareness Network
Heidi Sylvester Utah Friends of Midwives
Michelle McOmber, UMA
Evan F. Evans, MD ALOS

TOPICS FOR DISCUSSION	**DECISIONS AND RECOMMENDATIONS**
ADMINISTRATIVE BUSINESS:	
October 2, 2008 minutes:	Ms. Richardson made a Motion to approve the minutes with corrections. Dr. Wheeler seconded the Motion. All Committee members in favor.
DISCUSSION ITEMS:	
Parking lot issues:	Red cell isoimmunization Other common conditions Hypertension High risk VBAC conditions Consulting physician Informed refusal. Data collection.

Renewal – CE requirement wording:

Ms. Smith presented a proposal for wording for the renewal section. The proposed wording was reviewed and reads: (c) "submit documentation demonstrating that 3 of the CEUs required by NARM for maintenance of the Certified Professional Midwife certificate were in the area of intrapartum fetal monitoring." Ms. Smith indicated NARMs renewal period is every three years and is on a different cycle from the LDEM renewal cycle. Ms. Poe indicated the Statute governs renewal cycles and we can not change the LDEM renewal cycle. Ms. Johnston stated we can not change NARMs renewal cycle. Ms. Poe indicated the intention is not to require continuing education in addition to what NARM requires, but to clarify that x number of hours must be in fetal monitoring. These hours could be part of the NARM requirement and would not have to be additional hours. Ms. Poe suggested putting in a definition of approved CE, use NARM criteria and clarify that CE obtained for NARM can be used for LDEM renewal as long as x number of hours are obtained in fetal monitoring and have been completed within the 2 years prior to the renewal deadline.

Ms. Poe indicated she will work on refining the proposed language regarding approved CE, including requiring at least 3 hours of CE in fetal monitoring during the two year renewal cycle, and the hours can be used for both renewal and recertification purposes.

Dr. Lamb stated he would look into the feasibility of allowing LDEMs access to online continuing education courses offered at St. Marks Hospital.

Rules:

Ms. Poe stated the statute change conflicts with rules currently in place and she questioned whether or not the Committee would be comfortable if the Division filed the September rule draft now to reduce the conflict. At the completion of the rules rewrite, the rules would then be re-filed. Committee members indicated they would prefer to wait and file the changes all at once to reduce confusion that filing twice would create. Dr. Lamb suggested the goal for the Committee would be to have the rules completed by January 2009. Ms. Smith stated she agrees it

would be too confusing to have more than one rule filing and hearing.

Ms. Ellis questioned whether or not the information provided by the LDEM's for the outcome report is public information. Ms. Poe indicated the data is public information and can be reviewed if requested. The outcome report is posted on the Division's web site. Ms. Poe indicated if there are any areas not covered in the report the Board needs to know so that the information can be extracted from the MANA reports for next year's report. Dr. Wheeler stated the LDEM outcomes report needs to include review of adverse outcomes and what has been learned. Ms. Smith indicated the report this year includes tables that provide this information. Ms. Poe indicated she will not file the rules now, but will set a goal of having the rules completed by January 2009. She stated that if there are suggestions or specific issues or data that needs to be colleted in addition to what is currently collected, the data base will have to be changed to collect the data.

Ms. Poe indicated the purpose of the Rule Hearing is to take comments and not to debate the rules. After the Hearing, the Committee will meet to review the comments and made a recommendation to the Division whether or not to adopt the rules. If there are non-substantive changes, the changes can be made and the rules placed into effect. However, if there are substantive changes, the revisions would be made and the rules re-filed. Ms. Ellis questioned once the rules are adopted, will the committee still exist and if so, would they meet again to make changes? Ms. Poe indicated the Committee would make changes via the rule making process if it is determined the rules are not working.

Discussion regarding Hypertension:

The areas regarding Hypertension to be discussed are:
R156-77-601
-Page two, section (2) Collaborate (iv) mild hypertension.
-Page three, section (4) Transfer, (a) antepartum (x) mild preeclampsia
-Page three, section (4) Transfer, (b) intrapartum, (iii)

moderate hypertension.
Page three, section (5) mandatory transfer (a) antepartum (i) severe preeclampsia.

Ms. Smith suggested on (2)(iv) removing "mild hypertension defined as" so that the section reads: A sustained diastolic blood pressure of between 90 mm and 100 mm in two readings at least six hours apart. Dr. Lamb indicated the systolic pressure should be included. The standard should be: sustained diastolic pressure greater than 90 mm or systolic pressure greater than 140 mm in two readings 6 hours apart and no other evidence of preeclampsia.

Transfer waiveable, (4) (a) x, mild preeclampsia. Diastolic greater than 90mm or systolic greater than 140 mm. Ms. Johnston suggested adding greater than 300 milligrams of protein in a 24 hour urine collection. Ms. Poe suggested two blood pressure readings 6-48 hours apart and 1+ to 2+ proteinurea confirmed by 24 hour urine specimen of > 300 mg of protein. Committee members indicated Ms. Poe should add her suggestion to the proposed rules and the Committee will review the language at the next meeting.

Committee members indicated severe hypertension would be: blood pressure greater than 160 mm systolic or 110 mm diastolic, or 3+ to 4+ proteinurea or 5 grams of protein in 24 hours or other signs of preeclampsia such as visual disturbances, headache, vomiting, epigastric pain and decreased fetal movement.

Comments from guests:

One guest stated she would like to see more physicians who are willing to collaboration with Direct entry midwifes. Dr. Wheeler stated we can not force the physician to collaborate. She indicated more may be willing, but there is concern with the liability. She stated the best way may be to foster a relationship with the new generation.

Next meeting agenda:

The next meeting will be held December 4, 2008. Discussion items for the December meeting: 1). VBAC. 2) Conclude the hypertension in pregnancy

discussion.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

December 4, 2008 Date Approved	(ss) Suzanne Smith Suzanne Smith, Co-chair Direct Entry Midwife Administrative Rules Committee
December 4, 2008 Date Approved	(ss) Deborah Ellis Deborah Ellis, CNM, Co-chair Direct Entry Midwife Administrative Rules Committee
December 4, 2008 Date Approved	(ss) Laura Poe Laura Poe, Bureau Manager, Division of Occupational & Professional Licensing